



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES**

**Andy Beshear**  
Governor

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To: All 1915(c) Home and Community Based Services Waiver Providers

From: Pam Smith  
Director, Division of Community Alternatives

Date: November 18, 2020

Re: Amendment to Waiver Policy Updates

**\*Please note the policy guidance in this letter related to Respite and Electronic Visit Verification supersedes the “Waiver Policy Updates” letter issued on November 6, 2020. The policy guidance issued on November 6, 2020, related to Service Unit Rounding and Service Notes remains the same.**

After careful consideration, the Department for Medicaid Services (DMS) is updating several policies related to the following topics:

- [Service Unit Rounding](#)
- [Respite and Electronic Visit Verification \(EVV\)](#)
- [Service Notes](#)

While DMS re-evaluated these policies due to the implementation of EVV, it is important to note **some of these policy updates affect all services** offered through Kentucky’s 1915(c) HCBS waivers.

### **Service Unit Rounding**

Currently, a provider must deliver services for the exact amount of time a service unit is reimbursed for to receive payment for that unit. When a service is reimbursed in 15-minute units, each unit must be provided for exactly 15 minutes to receive payment for the unit. For example, if personal care is provided for 13 minutes today, it cannot be billed.

**DMS is updating the service rounding policy to allow rounding up to the next unit if the service is completed but the time does not exactly equal a 15-minute increment.** For example, if personal care is provided for 13 minutes, under the new service unit rounding policy, it can be billed for one 15-minute unit.

**There are some key points to remember with this new policy.**



- A service must be delivered **for at least 10 minutes** before it is rounded up to the next 15-minute unit.
- A service **should not be** cut off at the 10-minute mark just because reimbursement for the full unit will be received.
- Paid caregivers using EVV should start their visit at the exact time they begin providing services and end their visit at the exact time they finish providing services. The EVV system calculate the units accordingly.
- Paid caregivers documenting service delivery on paper should mark down the exact time they started the service and the exact time they ended the service. Provider agency billing staff will be responsible to calculate units and bill Medicaid accordingly.

**DMS expects paid caregivers to continue providing complete services to waiver participants.** This policy is being changed to allow for instances where the paid caregiver completes the service and needs to end their visit a minute or two early to allow the next paid caregiver to begin their visit.

**The shift in rounding policy takes effect on January 1, 2021.**

## **Respite and EVV**

DMS is no longer requiring Specialized Respite and Respite services provided in congregate settings, such as adult day health care or residential facilities, to use EVV. The listing of services required to use EVV is available at <https://bit.ly/kyevvservices>.

To bill for Specialized Respite and Respite provided in congregate settings, providers should use the same code they do today with a U9 modifier. Prior authorizations for any participants receiving Specialized Respite or Respite in these settings will need to be updated to include the code with the U9 modifier. **Affected providers should begin using the U9 modifier when billing Specialized Respite or Respite claims with a date of service of January 1, 2021 or later. Do not use the U9 modifier for claims with dates of services prior to January 1, 2021.**

## **Service Notes**

DMS has made the following decisions regarding service notes.

- **For EVV-affected services**
  - Entering service notes using the EVV system is **required**.
  - Entering services notes using the Medicaid Waiver Management Application (MWMA) is **optional**.

Provider agencies can choose to enter service notes for EVV-affected services in both the EVV system and MWMA, however, **DMS will only require service notes for EVV-affected services to be entered in the EVV system.** The list of EVV-affected services is available at <https://bit.ly/kyevvservices>.

- **For services not required to use EVV**
  - Service notes must be entered using MWMA as outlined in waiver-related Kentucky Administrative Regulations (KAR).

- Waiver-related KARs can be viewed at <https://bit.ly/kywaiverregs>.
- DMS issued a notice on September 11, 2020, delaying the requirement for providers delivering direct services to waiver participants to enter service notes in the MWMA. Provider agencies can enter services notes in MWMA if they choose, but are not required to at this time.
  - The letter is available at <https://bit.ly/mwmaupdates20>.
- DMS has not yet determined a date for when the requirement to use MWMA for service notes will take effect.

If you have questions about these policy updates, please contact the 1915(c) Waiver Help Desk by phone at (844) 784-5614 or by email at [1915cWaiverHelpDesk@ky.gov](mailto:1915cWaiverHelpDesk@ky.gov).

Sincerely,



Pam Smith  
Director, Division of Community Alternatives